

JUVENILE CRIME ENFORCEMENT AND ACCOUNTABILITY CHALLENGE GRANT II

All funded projects are to use this form to prepare their semi-annual progress report. Projects with multiple programs must provide separate information for each component.

A. General Information

County: _____ Contract Number: _____

Reporting Period: From _____ To _____

Progress Report Number: _____

B. Fiscal Overview (Total For All Challenge Grant Programs)

	Grant Funds	Match Funds	Total
1. Total expenditures at the end of this reporting period.			
2. Balance of funds remaining at the end of this reporting period.			
3. Were any individual budget line item changes, under 10%, made during this reporting period?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			
4. Were any individual budget line item changes, over 10%, made during this reporting period?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was a Budget/Program Modification (Form CGII - 002) submitted and approved by the BOC?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify the modification number and the date approved.	Project Modification Number:	Date Approved:	
If no, please explain:			

C. Personnel Overview

1. Have all grant funded positions been filled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
2. Are staff, paid with grant funds, performing grant-related duties in proper proportion to the percent of state funds for each position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		

3. Are there any current, or anticipated, personnel issues that may impact the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
4. Were any subcontracts or MOU's entered into during this reporting period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
5. If yes, have copies been provided to the BOC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
Note: If you have obtained signed subcontracts or MOU's during this reporting period and have not already provided copies to the BOC, please attach them to this progress report.		
D. Community Involvement (counties with multiple locations/programs must report this information separately for each program component).		
Program Component Title:		
How many new volunteers were selected to participate in the project during this reporting period?		
Adult	Juvenile	Total
What was the total number of all volunteers participating in the project during this reporting period?		
How many volunteer hours were recorded during this reporting period?		
How many volunteer hours have been recorded since the start of the Program?		
E. Data Overview (Counties With Multiple Programs Must Report This Information Separately for each Program Component).		
Program Component Title:		
1. Program Narrative: Provide a narrative which describes activities and outcomes during the reporting period for each of the following: Program Implementation, Program Administration, and Program Evaluation. Include descriptions of any program modifications made during the reporting period, progress made in achieving program objectives, problems encountered during the reporting period and steps taken to resolve them, and anecdotal or other information on program successes. Also describe major upcoming program events and activities.		

2. Program Evaluation Checklist:			
Complete the following program evaluation checklist and explain any “yes” responses in the space provided:			
With respect to Program Evaluation, we have experienced problems with:			
1. Achieving Sample Sizes Targeted for This Point in the Research	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2. Implementing Planned Approach for Assigning Cases to Treatment and Comparison Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3. Maintaining Confidentiality as to Subjects Being Assigned to Treatment and Comparison Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
4. Implementing Reliable Measures of Operationally Defined Independent and Dependent Variables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
5. Obtaining Needed Research Assistance and Expertise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6. Implementing the Approved Research Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
7. Obtaining A Complete Set of Data on Research Subjects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8. Obtaining Data on Research Subjects in a Timely Manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
9. Being Up to Date on Entering Collected Data into the Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
10. Collecting Common Data Elements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
11. Being on Track with Originally Stated Timelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
12. Other (Describe: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Elaborate on any “yes” responses.			
If you responded "yes" to item #1, indicate the number of research subjects you anticipated having at this point in time.		Treatment Group: Comparison Group:	

F. Case and Outcome Information (Counties with Multiple Programs Must Report This Information Separately for each Program Component.

Complete Tables 1 and 2 and enclose a diskette with updated information for all common data elements.

Table 1: Program Participant, Case Assignment and Case History Information

County:		Program:		Reporting Period ¹ :			
CASE ASSIGNMENT SUMMARY					Treatment	Comparison	
Cases Assigned as of Start of Reporting Period							
New Cases Assigned During Reporting Period							
Total Cases Assigned as of End of Reporting Period							
Projected Total Cases Assigned by End of Next Reporting Period							
Projected Total Cases Assigned by End of Program							
Total Active Cases (i.e., Program Participants) as of Start of Reporting Period							
Total Active Cases (i.e., Program Participants) as of End of Reporting Period							
	As of Start of Reporting Period		During Reporting Period		As of End of Reporting Period		
CASE HISTORY SUMMARY	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	
Total Cases Who Completed Program Requirements							
Total Cases Who Failed to Complete Program Requirements							
Total Cases Who Dropped Out of Program Through No Fault of Their Own							
Total Cases Assigned to Follow-up Period							
Total Cases Who Completed Follow-up Period							
				Treatment²		Comparison³	
PROFILE OF PROGRAM PARTICIPANTS (AT ENTRY) (All Cases Cumulative)				Number	Percent	Number	Percent
Female							
Male							
601 Ward	Now						
	In Past, But Not Currently						
	Never						
602 Ward	Now						
	In Past, But Not Currently						
	Never						
On Informal Probation	Now						
	In Past, But Not Currently						
	Never						

¹ Reporting Periods: 2/15/2000; 8/15/2000; 2/15/2001; 8/15/2001; 2/15/2002; 8/15/2002

² Number and Percent of Cases in Treatment Group

³ Number and Percent of Cases in Comparison Group

Table 2: In-Program and Outcome Information					
		Treatment²		Comparison³	
CONDUCT DURING PROGRAM (I.E., INTERVENTION PERIOD)¹ (All Cases [Cumulative])		Number	Percent	Number	Percent
Wardship Status at end of Intervention Period	Ward				
	Not a Ward				
Completed Formal Probation During Intervention Period	Yes				
	No				
	Does Not Apply (Not on Formal Probation During Intervention Period)				
Placed on Continued on Formal Probation for Offense Committed During Intervention Period					
Arrest Resulting in Referral to Probation for Offense Committed During Intervention Period					
Petition for Criminal Offense Sustained/Convicted in Adult Court for Offense Committed During Intervention Period					
Received Institutional Commitment for Offense Committed During Intervention Period					
Completed Payment of Restitution to Victim During Intervention Period	Yes				
	No				
	Does Not Apply (Not Obligated to Pay Restitution to Victim During Intervention Period)				
Ordered by Court to Pay Restitution to Victim for Offense Committed During Intervention Period					
Completed Court-Ordered Work Program/Community Service During Intervention Period	Yes				
	No				
	Does Not Apply (Not Under Court-Order to Complete Work Program/Community Service During the Intervention Period)				
Ordered by Court to Complete Work Program/Community Service for Offense Committed During Intervention Period					

¹ See Common Data Element #'s 44-46, 48, 50, 54, 56-59.

² Number and Percent of Cases in Treatment Group

³ Number and Percent of Cases in Comparison Group

Table 2: In-Program and Outcome Information (Continued)					
		Treatment ²		Comparison ³	
CONDUCT DURING FOLLOW-UP PERIOD ¹ ([All Cases Cumulative])		Number	Percent	Number	Percent
Wardship Status at end of Follow-Up Period	Ward				
	Not a Ward				
Completed Formal Probation During Follow-Up Period	Yes				
	No				
	Does Not Apply (Not on Formal Probation During Follow-Up Period)				
Placed or Continued on Formal Probation for Offense Committed During Follow-Up Period					
Arrest Resulting in Referral to Probation for Offense Committed During Follow Up Period					
Petition for Criminal Offense Sustained/Convicted in Adult Court for Offense Committed During Follow-Up Period					
Received Institutional Commitment for Offense Committed During Follow-Up Period					
Completed Payment of Restitution Victim During Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Obligated to Pay Restitution to Victim During Follow-Up Period)				
Ordered by Court to Pay Restitution to Victim for Offense Committed During Follow-Up Period					
Completed Court-Ordered Work Program/Community Service During Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Under Court Order to Complete Work Program/Community Service During the Follow-Up Period)				
Ordered by Court to Complete Work Program/Community Service for Offense Committed During Follow-Up Period					

¹ See Common Data element #'s 68-70, 72, 74, 78, 80-83

² Number and Percent of Cases in Treatment Group

³ Number and Percent of Cases in Comparison Group

G. Authorized County Signatures		
Person Preparing The Report	Project Fiscal Officer	Project Manager
_____	_____	_____
Signature	Signature	Signature
Name	Name	Name
Title	Title	Title
Date	Date	Date
Telephone #	Telephone #	Telephone #

Mail to: Board of Corrections
Corrections Planning and Programs Division,
600 Bercut Drive
Sacramento, CA 95814-0185 or
FAX to: (916) 445-5796.

Date Progress Report was received at the BOC: _____